

## **Section 12**

### **APPENDIX 2 – FORMS**

## SEMI-ANNUAL WIC VENDOR PRICE/STOCK REPORT

### INSTRUCTIONS

Complete all sections of pages 5, 6, and 7, documenting the price and quantity of each WIC food item currently on the shelf or in inventory housed at your store location. If a space is left blank, the WIC program will assume that your store does not have that particular food item. **Do not estimate or project prices or stock.** The Semi-Annual WIC Vendor Price/Stock Report must reflect **actual** shelf prices and **actual** stock on hand **at the time of completion**. [Exception: Pharmacies shall be exempt from this requirement if they are contracted to provide only "special infant formula".]

1. Carefully read through the Arizona WIC Program Minimum Stock Requirements on pages 2 through 4.
2. On pages 5, 6, and 7, answer all yes and no questions and list the **highest** actual shelf price for each WIC food item in stock. Fill in the price for the exact size listed. **NOTE:** you must carry both milk and soy based iron fortified infant formula. Low iron formula may not be counted in the quantity listed.
3. After completing pages 5, 6, and 7, sign below to certify the accuracy of this report.
4. If you would like a copy of this report, please copy before you submit the report to the State WIC Office.

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### CERTIFICATION

I certify that:

- i. I am authorized to act on behalf of the Vendor.
- ii. I have verified that the required amounts of WIC inventory described on pages 5, 6, and 7, is either on the shelves or in inventory housed at the Vendor's store location.
- iii. I have verified that the prices listed on pages 5, 6, and 7, are true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

(       )  
\_\_\_\_\_  
Telephone Number

## Arizona WIC Program MINIMUM STOCK REQUIREMENTS

**Refer to the Arizona WIC Program Food List.**

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|        |   |
|--------|---|
| Milk   | <p>At least 28 gallons of your traditionally least expensive refrigerated milk. Gallon containers only.</p> <p><b>Must be</b> pasteurized and fortified.</p><br><p><b>No</b> pints, quarts, or ½ gallons.</p><br><p><b>No</b> organic, raw, goat's, acidophilus, chocolate or flavored milk, buttermilk, half &amp; half, evaporated filled or sweetened condensed milk, non-dairy, or soy milk products.</p>   |
| <hr/>  |   |
| Juice  | <p>At least 3 varieties of <b>WIC authorized</b> 100% juice, Vitamin C fortified with no added sugar (unsweetened).</p> <p><b>** AND **</b></p> <p>At least 48 - 46 ounce cans or plastic containers of single strength juice or 48 - 11.5 - 12 ounce cans or plastic containers of frozen concentrated juice <u>or</u> any combination of the above equal to 48 cans or plastic containers.</p><br><p><b>No</b> 6-ounce frozen containers.</p><br><p><b>No</b> glass bottles.</p><br><p><b>No</b> non-frozen concentrates.</p><br><p><b>No</b> organic, refrigerated or fresh juices.</p><br><p><b>No</b> cocktails, fruit drink/punch, citrus banana, lemonade, limeade, Awake, Dole Pure &amp; Light, Hi-C, Kern's Nectar V-8, or Sunny Delight.</p> |
| <hr/>  |   |
| Cheese | <p>At least 3 varieties of any brand, <b>WIC authorized</b> cheese. Must be domestic, prepackaged (10 to 16 ounces only) in blocks. Must be plain cheese with no added ingredients (i.e., peppers, pimientos, flavoring, etc.).</p> <p><b>** AND **</b></p> <p>A combined total of at least 8 pounds of cheese.</p><br><p><b>No</b> organic or deli counter or random weight cheeses.</p><br><p><b>No</b> imported cheese or sliced, shredded, cubed or string (except mozzarella), packages that are less than 10 ounces, cheese food, cheese product or cheese spread.</p>  |

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## Arizona WIC Program MINIMUM STOCK REQUIREMENTS

Refer to the Arizona WIC Program Food List.

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|      |  |
|------|--|
| Eggs | <p>At least 16 dozen, fresh, raw, white eggs. One dozen cartons of large only.</p> <p><b>No</b> organic or specialty eggs (e.g. Egglands Best and Cage Free).</p> <p><b>No</b> brown eggs or 6-packs.</p> <p><b>No</b> small, medium, extra large or jumbo eggs.</p> |
|------|--|

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|                                |  |
|--------------------------------|--|
| Dry Beans<br>&<br>Peas/Lentils | <p>At least 1 variety of any type and brand of dry beans in a 1-pound package or bulk (up to 1 pound).</p> <p><b>** AND **</b></p> <p>At least 1 variety of any type and brand of dry peas or lentils in a 1-pound package or bulk (up to 1 pound).</p> <p><b>** AND **</b></p> <p>At least 8 pounds of any combination of dry beans and peas or lentils.</p> <p><b>Must be</b> 1 pound prepackaged <u>or</u> bulk up to 1 pound.</p> <p><b>No</b> organic, or immature varieties (i.e., snap beans, etc.), fresh, frozen flavored or bean soup mix.</p> |
|--------------------------------|--|

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|                  |   |
|------------------|---|
| Peanut<br>Butter | <p>At least 8 jars of any brand, plain (smooth, chunky or natural) peanut butter in 16 <u>or</u> 18 ounce jars.</p> <p><b>No</b> organic or spreads, tubes or added ingredients (i.e., jelly, marshmallow, chocolate or honey).</p> |
|------------------|---|

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|        |   |
|--------|---|
| Cereal | <p>At least 4 brands of <b>WIC authorized</b> cold <u>or</u> hot cereal. Boxes or bags of cold cereal must be at least 12 ounces. Boxes of hot cereal must be at least 11.8 ounces.</p> <p><b>** AND **</b></p> <p>A combined total of at least 24 boxes or bags of cereal of cold or hot in the appropriate sized boxes or bags as listed above.</p> <p><b>No</b> organic, frosted (except M-O-M Mini Spooners), honey, raisins, fruit or nuts or variety packs.</p> |
|--------|---|

# Arizona WIC Program MINIMUM STOCK REQUIREMENTS

**Refer to the Arizona WIC Program Food List.**

|                |  |
|----------------|--|
| Infant Cereal  | <p>At least 24 - 8 ounce boxes <u>or</u> 12 - 16 ounce boxes of any brand, <b>single</b> grain infant cereal or any combination of 8 and 16 ounce boxes that equals 192 ounces</p> <p><b>No</b> organic or high protein, mixed, cereals with fruit, sugar, yogurt or formula added, cans, jars or variety packs.</p>   |
| Infant Juice   | <p>At least 120 - 4.0-ounce containers of any brand, <b>single</b> flavor, 100% infant fruit juice.</p> <p><b>No</b> organic or juices with yogurt added, mixed flavors, or fruit/vegetable blends.</p>  |
| Infant Formula | <p>At least 32 - 14.3 ounce cans of powdered <b>Enfamil with Iron</b> <u>OR</u> 12.9 ounce cans of powdered <b>Enfamil LIPIIL with Iron</b> infant formula.</p> <p><b>** AND **</b></p> <p>At least 16 – 14.3 ounce cans of powdered <b>Enfamil Prosobee</b> <u>OR</u> 12.9 ounce cans of powdered <b>Enfamil Prosobee LIPIIL</b> infant formula.</p> <p><b>No <u>low iron</u></b> infant formula.</p> <p><b>No</b> concentrate or ready to feed infant formula.</p> |
| Carrots        | <p>At least 4 - cans up to 16 ounces each <u>or</u> 4 one (1) pound packages of fresh or one (1) pound packages of frozen or any combination of canned, fresh or frozen that equals 64 ounces.</p> <p><b>No</b> organic or carrots in glazes, syrup or sauces.</p>   |
| Tuna           | <p>At least 8 - 6 ounces cans of any brand of water packed chunk light tuna.</p> <p><b>No</b> organic or oil packed, solid white, albacore, flavored, pouches or lunch kits.</p>   |

Complete this document and mail to either

Arizona WIC Program  
150 North 18<sup>th</sup> Avenue, Ste #310  
Phoenix, AZ 85007

or

Inter-Tribal Council of Arizona  
2214 N. Central Ave., Ste #100  
Phoenix, AZ 85004

Date: \_\_\_\_\_  
Store Name/Number: \_\_\_\_\_  
Store Address: \_\_\_\_\_  
WIC Vendor Number: \_\_\_\_\_

Instructions: List the highest regular, NOT sale, price for each WIC food item in stock.

**(A)** - Arizona or **(I)**- ITCA

### MILK – Traditionally Least Expensive Brand

Are there at least an equivalent of: **(A)** 28-gallons OR **(I)** 14-gallons of refrigerated milk?

☐ Yes ☐ No, **If NO**, # in stock = \_\_\_\_\_ in Gallons

|                        | Gallon     | ½ Gallon | Quart |
|------------------------|------------|----------|-------|
| Whole                  | \$         | \$       |       |
| Reduced Fat (2%)       | \$         | \$       |       |
| Low Fat (1%)           | \$         | \$       |       |
| Fat Free (Skim/Nonfat) | \$         | \$       |       |
| Lactose Reduced        |            | \$       | \$    |
| Evaporated Whole       | 12 oz. can |          | \$    |
| Evaporated Skim        | 12 oz. can |          | \$    |
| Long Shelf life (UHT)  |            |          | \$    |
| Non Fat Dry            | oz.        |          | \$    |

Refrigerator Temperature: \_\_\_\_\_ °F (Acceptable: ≤ 45°)

### CHEESE - Plain, Domestic - up to 16 oz. prepackaged in blocks

Are there at least **(A)** 3 varieties OR **(I)** 2 varieties?

☐ Yes ☐ No, **If NO**, # of varieties in stock? \_\_\_\_\_

Are there at least **(A)** 8 pounds OR **(I)** 4 pounds?

☐ Yes ☐ No, **If NO**, # of pounds in stock? \_\_\_\_\_

| Type   | 1 pound |
|--|---------|
| Cheddar (includes longhorn)                      | \$      |
| Colby (includes longhorn)                        | \$      |
| Colby Jack                                       | \$      |
| Monterey Jack                                    | \$      |
| Mozzarella (whole or part skim), includes string | \$      |

Refrigerator Temperature: \_\_\_\_\_ °F (Acceptable: ≤ 45°)

### EGGS – Large, White Only

Are there at least **(A)** 16 dozen OR **(I)** 4 dozen?

☐ Yes ☐ No, **If NO**, # of dozen in stock? \_\_\_\_\_

| Size  | 1 Dozen |
|-------|---------|
| Large | \$      |

Refrigerator Temperature: \_\_\_\_\_ °F (Acceptable: ≤ 45°)

### JUICE - Vitamin C Fortified - 100% juice, no added sugar

Are there at least **(A)** 3 varieties OR **(I)** 2 varieties (1 orange and 1 other WIC approved)?

☐ Yes ☐ No, **If NO**, # of varieties in stock? \_\_\_\_\_

Are there at least **(A)** 48 containers OR **(I)** 14 containers?

☐ Yes ☐ No, **If NO**, # of cans in stock? \_\_\_\_\_

| ITEM                                  | 46 oz. | 11.5/12 oz. |
|---------------------------------------|--------|-------------|
| Old Orchard Any Flavor Juice          |        | \$          |
| Seneca Apple Juice                    | \$     | \$          |
| Libby's Juicy Juice Grape Juice       | \$     |             |
| Libby's Juicy Juice White Grape Juice | \$     |             |
| Donald Duck Grapefruit Juice          | \$     | \$          |
| Donald Duck Pink Grapefruit Juice     | \$     |             |
| Donald Duck Orange Juice              | \$     | \$          |
| Dole Pineapple Juice                  | \$     | \$          |
| Campbell's Tomato Juice               | \$     |             |
| Food Club Tomato Juice                | \$     |             |

Freezer Temperature: \_\_\_\_\_ °F (Acceptable: ≤ 0°)

STORE NAME &amp; NUMBER: \_\_\_\_\_

VENDOR NUMBER: \_\_\_\_\_

(A) – Arizona or (I) - ITCA

**CEREAL - Boxes or Bags**Are there at least **(A)** 4 varieties OR **(I)** 4 varieties (3 cold **and** 1 hot)?☐ Yes ☐ No, **If NO**, # of varieties in stock? \_\_\_\_\_Are there at least **(A)** 24 boxes OR **(I)** 8 boxes (6 cold and 2 hot)?☐ Yes ☐ No, **If NO**, # of boxes in stock? \_\_\_\_\_

| COLD CEREALS   | Size | Price | Size | Price |
|--|------|-------|------|-------|
| Any Store Brand Crispy Rice  | oz.  | \$    | oz.  | \$    |
| Any Store Brand Toasted Oats   | oz.  | \$    | oz.  | \$    |
| General Mills Cheerios (Plain)                                       | oz.  | \$    | oz.  | \$    |
| General Mills Corn Chex  | oz.  | \$    | oz.  | \$    |
| General Mills Rice Chex  | oz.  | \$    | oz.  | \$    |
| General Mills Kix (Plain)  | oz.  | \$    | oz.  | \$    |
| General Mills Whole Grain Total                                      | oz.  | \$    | oz.  | \$    |
| Kellogg's Corn Flakes  | oz.  | \$    | oz.  | \$    |
| Kellogg's Special K  | oz.  | \$    | oz.  | \$    |
| Malt-O-Meal Frosted Mini Spooners                                    | oz.  | \$    | oz.  | \$    |
| Post Bran Flakes   | oz.  | \$    | oz.  | \$    |
| Quaker Life  | oz.  | \$    | oz.  | \$    |
| HOT CEREALS  | Size | Price | Size | Price |
| Malt-O-Meal Original Hot Wheat Cereal                                | oz.  | \$    | oz.  | \$    |
| Nabisco Instant Cream of Wheat (Plain)                               | oz.  | \$    | oz.  | \$    |
| Quaker Instant Oatmeal (Regular flavor, single serving packets only) | oz.  | \$    | oz.  | \$    |

**LEGUMES - Any Brand and Type**Are there at least **(A)** 8 pounds OR **(I)** 2 pounds of beans, peas or lentils?☐ Yes ☐ No, **If NO**, # of pounds in stock? \_\_\_\_\_Is there at least **(A)** 1 type of Peas/Lentils?☐ Yes ☐ No, **If NO**, # of pounds in stock? \_\_\_\_\_

| ITEM         | 1 Lb. Package | Bulk |
|--------------|---------------|------|
| Beans        | \$            | \$   |
| Peas/Lentils | \$            | \$   |

**PEANUT BUTTER - Any Brand, Plain**Are there at least **(A)** 8 jars OR **(I)** 2 jars of peanut butter?☐ Yes ☐ No, **If NO**, # of jars in stock? \_\_\_\_\_

| Size   | Price |
|--------|-------|
| 16 oz. | \$    |
| 18 oz. | \$    |

**TUNA - Water Packed Chunk Light**Are there at least **(A)** 8 cans OR **(I)** 4 cans of tuna?☐ Yes ☐ No, **If NO**, # of cans in stock? \_\_\_\_\_

| Size | Price |
|------|-------|
| 6 oz | \$    |

**CARROTS - Plain - Fresh, Canned or Frozen**Are there at least **(A)** 4 lbs/cans OR **(I)** 2 lbs/cans of carrots?☐ Yes ☐ No, **If NO**, # of lbs/cans in stock? \_\_\_\_\_

| Item/Size        | Price |
|------------------|-------|
| Fresh - 1 pound  | \$    |
| Frozen - 1 pound | \$    |
| Canned - 14 oz   | \$    |
| Canned - 16 oz   | \$    |

STORE NAME &amp; NUMBER: \_\_\_\_\_

VENDOR NUMBER: \_\_\_\_\_

(A) – Arizona or (I) - ITCA

**INFANT FORMULA:** Iron fortified, **NO LOW IRON****MILK BASED FORMULA**(Enfamil With Iron OR Enfamil LIPIL with Iron only)Are there at least: **(A)** 32 cans powder?Are there at least: **(I)** 24 cans powder?☐ Yes ☐ No, **IF NO**, # of cans in stock = \_\_\_\_\_ powder**SOY BASED FORMULA**(Prosobee OR Prosobee LIPIL only)Are there at least: **(A)** 16 cans powder?Are there at least: **(I)** 9 cans powder?☐ Yes ☐ No, **IF NO**, # of cans in stock = \_\_\_\_\_ powder

| CONTRACT FORMULA                          | Powder<br>(12.9 or 14.3 oz.) | Concentrate<br>(13 oz.) | RTF<br>(32 oz.) | RTF - 8 oz.<br>(4 - pack) | RTF - 8 oz.<br>(6 - pack) |
|---|------------------------------|-------------------------|-----------------|---------------------------|---------------------------|
| Enfamil with Iron                         | \$                           | \$                      | \$              | \$                        | \$                        |
| Enfamil LIPIL with Iron                   | \$                           | \$                      | \$              | \$                        | \$                        |
| Enfamil ProSobee                          | \$                           | \$                      | \$              | \$                        | \$                        |
| Enfamil ProSobee LIPIL                    | \$                           | \$                      | \$              | \$                        | \$                        |
| Enfamil Lactofree - <b>(A)</b> only       | \$                           | \$                      | \$              | \$                        | \$                        |
| Enfamil Lactofree LIPIL - <b>(A)</b> only | \$                           | \$                      | \$              | \$                        | \$                        |
| NON CONTRACT SPECIAL<br>FORMULA           | Powder<br>(12.9 to 16 oz)    | Concentrate<br>(13 oz)  | RTF<br>(32 OZ)  | RTF - 8 oz<br>(4 - pack)  | RTF - 8 oz<br>(6 - pack)  |
| Enfamil Nutramigen LIPIL                  | \$                           | \$                      | \$              |                           |                           |
| Alimentum                                 | \$                           |                         | \$              | \$                        | \$                        |
| Pregestimil                               | \$                           |                         |                 |                           |                           |
| PediaSure                                 |                              |                         |                 | \$                        | \$                        |
| NeoSure                                   | \$                           |                         |                 |                           |                           |
| Carnation Good Start                      | \$                           | \$                      |                 |                           |                           |
| Similac with Iron                         | \$                           | \$                      | \$              | \$                        | \$                        |
| Isomil                                    | \$                           | \$                      | \$              | \$                        | \$                        |

**INFANT CEREAL** - Single grain, plain, no fruitAre there at least **(I)** 2 varieties? (One **MUST** be rice)☐ Yes ☐ No ☐ N/A, **IF NO**, # of varieties in stock?Are there at least **(A)** 24 (8 oz) boxes or 12 (16 oz) boxes or a combination which equals 192 ounces **OR (I)** 12 (8 oz) boxes or 6 (16 oz) boxes?☐ Yes ☐ No, **IF NO**, # of boxes in stock? \_\_\_\_\_ 8 oz \_\_\_\_\_ 16 oz

| Brand     | 8 oz. | 16 oz. |
|-----------|-------|--------|
| Gerber    | \$    | \$     |
| Beech-Nut | \$    | \$     |
| Del Monte | \$    | \$     |

**INFANT JUICE** - Single flavor, 100% fruit juice individual containers, 4-pack or 6-packAre there at least **(I)** 2 varieties?☐ Yes ☐ No ☐ N/A, **IF NO**, # of varieties in stock? \_\_\_\_\_Are there at least **(A)** 120 (4.0 oz) containers **OR (I)** 60 (4.0 oz) containers?☐ Yes ☐ No, **IF NO**, # of containers in stock? \_\_\_\_\_

| ITEM      | 4 oz. | 4 - pack | 6 - pack |
|-----------|-------|----------|----------|
| Gerber    | \$    |          | \$       |
| Beech-Nut | \$    |          | \$       |
| Del Monte | \$    |          | \$       |

## Least Expensive Milk Declaration Form

**Store name and #, if applicable:**

Vendor applicants that wish to be considered for authorization to participate in the Arizona WIC Program must declare their *traditionally* least expensive brand of WIC authorized milk. This declaration form must be completed and submitted along with the application packet. The declaration information contained herein will cover the WIC Vendor Contract period beginning October 1, 2005 through September 30, 2008.

The definition for traditionally least expensive milk is as follows:

Milk in your store that is most commonly the lowest cost item (not including sales, special promotions, etc.), such as the store brand or private label.

| <b>Brand Name</b> | <b>Type</b><br>(i.e., fat free, skim, low fat, etc.) | <b>Size</b> | <b>UPC code</b> |
|-------------------|--|-------------|-----------------|
|                   |  |             |                 |
|                   |  |             |                 |
|                   |  |             |                 |
|                   |  |             |                 |
|                   |  |             |                 |
|                   |  |             |                 |

**Instructions:** Each WIC Vendor Applicant must complete the Least Expensive Milk Declaration Form and submit it with your application paperwork.

**Exception:** Pharmacies are exempt from this requirement, if they are requesting authorization to provide only “special infant formula.”

**Chain stores:** May submit one consolidated Least Expensive Milk Declaration Form for all outlets. However, if prices vary for each outlet and/or region, a separate form must be submitted for each outlet and/or region.

# Arizona WIC Program Vendor Reporting Card

## ARIZONA WIC PROGRAM

### Vendor Reporting Card

On \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ : \_\_\_\_\_ am/pm  
Month/Day Year Hour

Using WIC food instrument(s): \_\_\_\_\_

Tried to do the following:

- ☐ Use a pre-signed food instrument
- ☐ Use an altered food instrument
- ☐ Request cash or credit with food instrument
- ☐ Purchase unauthorized food(s) with food instrument
- ☐ Return food for cash
- ☐ Use food instrument before **"First Date to Use"**
- ☐ Use food instrument after **"Last Date to Use"**
- ☐ Other (please describe): \_\_\_\_\_

Were abusive toward store personnel (please describe):

\_\_\_\_\_  
\_\_\_\_\_

Optional:

Vendor Name & Number

Address

Vendor Representative's Name and Phone Number for follow-up

**Thank you for your cooperation. Local WIC agency will be notified immediately of this attempted program abuse. If you have any questions, please call 1-866-737-3935 and ask for the Vendor Management Team. Thank You.**

ARIZONA  
WIC PROGRAM

ARIZONA WIC PROGRAM  
150 North 18<sup>th</sup> Avenue  
SUITE 310  
PHOENIX, AZ 85007

The Arizona WIC Program Vendor Reporting Card is postage paid

# Arizona WIC Program Vendor Order Form

If you would like copies of any of the following training aids/materials, please indicate the items(s), the amount you need, and mail or fax to:

Arizona Department of Health Services  
Office of Chronic Disease Prevention and Nutrition Services  
Attn.: Vendor Management Team  
150 North 18<sup>th</sup> Avenue, Suite 310  
Phoenix, AZ 85007  
Fax: (602) 542-1890

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## ORDER SECTION

- \_\_\_\_\_ Sample ID Folder (use to educate cashiers)
- \_\_\_\_\_ WIC Program Food List \_\_\_\_\_ English \_\_\_\_\_ Spanish
- \_\_\_\_\_ WIC Program Food List (Laminated) \_\_\_\_\_ English \_\_\_\_\_ Spanish
- \_\_\_\_\_ Sample Proxy Form (use to educate cashiers)
- \_\_\_\_\_ WIC Allowed Formulas (photos and redemption check list for cashiers)
- \_\_\_\_\_ WIC Program Abuse Reporting Form (postage paid post card for reporting suspected program abuse)
- \_\_\_\_\_ "Why is Iron Important?" Flyer (use to educate cashier in regards to the WIC formula purchase)
- \_\_\_\_\_ WIC Customer Savings Flyer (use to educate cashiers on savings available to WIC participants)
- \_\_\_\_\_ Milk Flyer (use to educate store personnel of the FDA mandated label changes)
- \_\_\_\_\_ "WIC APPROVED" Tags (red shelf markers & visual aide for WIC participants)
- \_\_\_\_\_ WIC Decals \_\_\_\_\_ English \_\_\_\_\_ Spanish
- \_\_\_\_\_ WIC Vendor Manual (A reference book for Vendors)
- \_\_\_\_\_ Training Video

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### Please mail supplies to:

Store Name: \_\_\_\_\_ Attn: \_\_\_\_\_ ID #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

"The United States Department of Agriculture (USDA) prohibits discrimination in its programs on the basis of race, color, national origin, gender, age or disability. Persons with disabilities who require alternative means for communication for program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14<sup>th</sup> and Independence Avenue, SW Washington, D.C., 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."

**FOR OFFICE ONLY**

Arizona WIC Number: \_\_\_\_\_

If new, Store's Opening Date: \_\_\_\_\_

**MULTIPLE STORE NOTIFICATION**

NOTE: Submit one form for each outlet (if more than one outlet).  
After contract is executed, submit one form not later than 30 calendar  
days prior to another store opening.

**Please also include the Enrollment Price/Stock Report.**

1. Store Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code + 4: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Other: (\_\_\_\_) \_\_\_\_\_ ☐ Cell ☐ Pager

2. Management WIC Contact Information:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Start date at store: \_\_\_\_\_

3. Store hours (if not 24 hours)

Days of operation: \_\_\_\_\_

4. Which WIC program(s) (if any) is the store currently authorized as a Vendor?  
Check appropriate box(es).

☐ Arizona WIC Program

☐ Navajo Nation WIC Program

☐ ITCA WIC Program

☐ None

**Please provide the following information for the outlet:**

5. Bookkeeper:

\_\_\_\_\_  
Name

( ) \_\_\_\_\_  
Telephone Number

Bookkeeper Hours: \_\_\_\_\_ A.M. to \_\_\_\_\_ P.M.

6. Training Representative:

\_\_\_\_\_  
Name

( ) \_\_\_\_\_  
Telephone Number

7. District/Regional Manager:

\_\_\_\_\_  
Name

( ) \_\_\_\_\_  
Telephone Number

8. During the last six years, have any of the current owners, officers, partners or managers had a criminal conviction or had a civil judgment entered against them for any of the following activities: fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, and obstruction of justice.

☐ YES ☐ NO

If yes, please specify the name of the owner, officer, or manager and the activities involved.  
Please include dates and locations (i.e., City and State).

\_\_\_\_\_

**SANTITATION**

9. Has the store ever been cited by the State or County health inspector for a violation?

☐ Yes ☐ No

Was your license/permit revoked?

☐ Yes ☐ No

If yes, when: From \_\_\_\_\_ To \_\_\_\_\_  
Month/Day/Year Month/Day/Year

If yes, describe the violation(s)? (Provide details)

\_\_\_\_\_

\_\_\_\_\_

**Attach a current copy of the store's county health certificate (operating permit).**

10. Does the outlet comply with the applicable provision of the Americans with Disabilities Act of 1990?

☐ Yes ☐ No

For further information about the Americans with Disabilities Act, please contact any of the following organizations:

The Arizona Office for Americans with Disabilities at 1-800-358-3617  
The Disability Rights Education and Defense Fund at 1-800-514-0301 or (510) 644-2555  
The Pacific Disability and Business Technical Assistance Center at 1-800-949-4232  
The Americans with Disabilities Act Information Line at the US Department of Justice

11. Provide the following information for the store:

Square footage retail: \_\_\_\_\_

Square footage storage: \_\_\_\_\_

Number of full-time cashiers: \_\_\_\_\_

Number of part-time cashiers: \_\_\_\_\_

Number of check out lanes: \_\_\_\_\_

12. How often are the dairy cases restocked?

☐ Daily ☐ Twice a week ☐ Weekly

13. How often are the WIC grocery items restocked?

☐ Daily ☐ Twice a week ☐ Weekly

14. How do you decide how much WIC stock to order?

☐ Order a certain amount of each item  
☐ Conduct an informal "walk-through" inventory on a regular basis  
☐ Rely on an automated inventory control system  
☐ Other \_\_\_\_\_

15. Does the store's checkout registers use optical scanning devices which record product and price information on the customer receipts?

☐ Yes ☐ No

If yes number of: POS Terminals \_\_\_\_\_ Optical Terminals \_\_\_\_\_

16. Can system be programmed to detect WIC Authorized vs. Non-Authorized products?

☐ Yes ☐ No If yes, number of WIC Terminals: \_\_\_\_\_

17. Name(s) and address(s) of major wholesaler(s) or supplier(s):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Other: ( \_\_\_\_\_ ) \_\_\_\_\_ ☐ Cell ☐ Pager

List **all** variety of WIC approved items (**not** company brand names, e.g., Kellogg's):

Food Items: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Name and address of infant formula wholesaler or supplier:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Other: ( \_\_\_\_\_ ) \_\_\_\_\_ ☐ Cell ☐ Pager

**Note: Infant formula must be purchased from a supplier on the attached list.**

19. Does the outlet have an in-store pharmacy?

☐ Yes ☐ No

20. Store's anticipated individual annual gross receipt or sales? \_\_\_\_\_

Food \$ \_\_\_\_\_ + Non-Food \$ \_\_\_\_\_ = Gross \$ \_\_\_\_\_

Alcohol \$ \_\_\_\_\_ Tobacco \$ \_\_\_\_\_ Lottery \$ \_\_\_\_\_

☐ Actual ☐ Estimate

Fiscal year dates for above figures: \_\_\_\_\_

21. Of the annual food sales (Food \$) stated above, list the following dollar amounts for;
- Cash \$ \_\_\_\_\_ Credit \$ \_\_\_\_\_
- Food Stamp \$ \_\_\_\_\_ WIC \$ \_\_\_\_\_
22. Do you think that more than 50% of your annual revenue from the sale of food items will come from WIC food instruments?
- ☐ Yes ☐ No
23. If you receive more or are likely to receive more than 50% of your annual food sales from the sales of supplemental foods obtained with WIC food instruments, do you provide or plan to provide incentive items to WIC program participants?
- ☐ Yes ☐ No
24. Is this store currently authorized to accept Food Stamps in Arizona or any other State?
- ☐ Yes ☐ No
- If yes, list the Food Stamp authorization Number: \_\_\_\_\_
25. Store's anticipated Food Stamp dollar redemption volume per month? \_\_\_\_\_
26. Has the store, its owners, or managers ever been suspended or disqualified from the Food Stamp Program in Arizona or any other state?
- ☐ Yes ☐ No
- If yes, give the name of the owners, managers, any officers, store(s), location(s), and the reason(s) and date of suspension or disqualification:
- \_\_\_\_\_
27. Arizona Liquor License Number: \_\_\_\_\_

#### **BANK INFORMATION**

28. Name of the store or outlet's bank: \_\_\_\_\_
- Branch: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4 : \_\_\_\_\_
- Telephone: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_
- Account Number: \_\_\_\_\_ ABA Routing #: \_\_\_\_\_
- Federal ID #: \_\_\_\_\_ Effective Date: \_\_\_\_\_
- Will both regular and replacement food instruments be deposited only in the above named account?
- ☐ Yes ☐ No
- If no, explain: \_\_\_\_\_

**NOTE:** Store name on bank endorsement stamp must match store name on line 1 of this section.

## STORE CLOSURE NOTIFICATION\*

Submit this form not later than 30 calendar days prior to closing.

Vendor Name/Number: \_\_\_\_\_ Vendor ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code + 4: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Effective Date: \_\_\_\_\_

Date of Last Bank Deposit: \_\_\_\_\_

***Note: The Vendor ID Stamps are the property of the WIC Program and must be returned within ten (10) calendar days after store closing.***

\* This form is submitted only when the store closes operations, not a change of ownership.

## STORE CHANGE NOTIFICATION

Submit this form not later than 30  
calendar days prior to change.

Vendor Name/Number: \_\_\_\_\_ Vendor ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code + 4: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Effective Date: \_\_\_\_\_

### ***Type of Change:***

☐ Address Change -

**New Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code+4: \_\_\_\_\_

☐ Telephone or Fax Change -

**New Phone Number:** (\_\_\_\_\_) \_\_\_\_\_

**New Fax Number:** (\_\_\_\_\_) \_\_\_\_\_

☐ Store Contact Change:

**New Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code + 4: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Other Number: (\_\_\_\_\_) \_\_\_\_\_

☐ Cell

☐ Pager

☐ Bank Account:

**Bank Name:** \_\_\_\_\_

**New Account Number:** \_\_\_\_\_

**New Routing Number:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

## CHANGE OF OWNERSHIP

Submit this form not later than 30 calendar days prior to change.

Vendor Name/Number: \_\_\_\_\_ Vendor ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code + 4: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Effective Date: \_\_\_\_\_

[illegible]

## NEW OWNER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code + 4: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

**Note: The new owner must contact the Arizona WIC Program to re-apply. The current Contract becomes void at change of ownership. Ownership is not transferable.**

# Arizona WIC Program Vendor Training Acknowledgement FFY 2006 – 2008

A. This certifies that I attended and understood the following WIC Vendor procedures. I further understand that I will be responsible for providing training to cashiers and other employees who handle WIC transactions in my store.

- |  |   |
|--|---|
| ➤ Explanation of the WIC Program         | ➤ Use of Manufacturer, Store Specials or Discount Cards |
| ➤ Use of the Vendor Manual               |   |
| ➤ The Vendor's Role                      | ➤ WIC Vendor Price/Stock Report                         |
| ➤ Approved & Non-Approved Foods          | ➤ WIC Deposit Procedures                                |
| ➤ Minimum Stock & Variety Requirements   | ➤ WIC Payment Criteria                                  |
| ➤ WIC Food Instrument                    | ➤ Reimbursement of Rejected Food Instruments            |
| ➤ WIC Identification Folder & Proxy Form | ➤ Complaint Process                                     |
| ➤ WIC Redemption Procedures              | ➤ Vendor Monitoring                                     |
| ➤ "X" Signature                          | ➤ Violations & Sanctions                                |
| ➤ Corrections to the Food Instrument     | ➤ Vendor Rights and Responsibilities                    |
| ➤ Alterations of WIC Food Instruments    |   |

B. Vendor Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Store Name / Store Number

\_\_\_\_\_  
WIC Program Representative

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
WIC Program Representative Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date